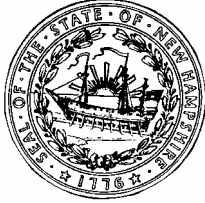


Michael A. Ablowich  
STATE TREASURER



**THE STATE OF NEW HAMPSHIRE  
TREASURY DEPARTMENT**

25 CAPITOL STREET, ROOM 121  
CONCORD, NH 03301  
(603) 271-2621  
FAX (603) 271-3922  
EMAIL: treasury@treasury.state.nh.us  
TDD Access: Relay NH 1-800-735-2964

**STATE TREASURY ACH ENROLLMENT FORM  
FOR DIRECT DEPOSITS (ACH CREDITS)**

☐ NEW

☐ CHANGE

☐ DELETE

Company/Vendor

Name \_\_\_\_\_

(Hereinafter called "The Company")

Taxpayer Identification Number (TIN)

EIN/FIN \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_ The State of New Hampshire \_\_\_\_\_, hereinafter called STATE, to

initiate credit entries to my (our) ☐ Checking Account, ☐ Savings Account (**select one**) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository

Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Routing

Number \_\_\_\_\_

Account

Number \_\_\_\_\_

This authorization is to remain in full force and effect until The STATE has received written notification from The COMPANY of its termination in such time and in such manner as to afford The STATE a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

(Please Print)

Telephone # \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Fax # \_\_\_\_\_

E-Mail \_\_\_\_\_

NOTE: WRITTEN CREDIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**PLEASE ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT SLIP TO THIS FORM**

**AS PART OF THE AUTHORIZATION**

**PAGE 2**

**PLEASE SELECT AN OPTION BELOW FOR HOW YOU WANT TO RECEIVE YOUR REMITTANCE INFORMATION REGARDING YOUR PAYMENT FROM THE STATE OF NEW HAMPSHIRE:**

☐

**VIA EMAIL ADDRESS:** \_\_\_\_\_

**PLEASE PROVIDE AN EMAIL ADDRESS, OR PREFERABLY AN EMAIL DISTRIBUTION ADDRESS FOR LARGER ORGANIZATIONS, THAT IS ACCESSED BY TWO OR MORE STAFF MEMBERS.**

☐

**VIA FAX NUMBER:** \_\_\_\_\_

**PLEASE PROVIDE A CENTRAL FAX NUMBER FOR YOUR ORGANIZATION THAT IS ACCESSED BY TWO OR MORE STAFF MEMBERS.**

**PLEASE RETURN THIS FORM WITH ATTACHMENTS TO THE TREASURY DEPARTMENT, TO THE ATTENTION OF SYLVIA YEATON. THANK YOU.**

**INTERNAL USE ONLY**

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**VENDOR NUMBER**

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**VENDOR NAME**

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